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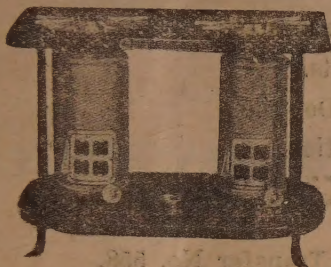
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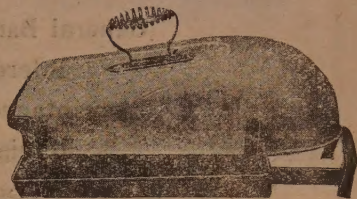


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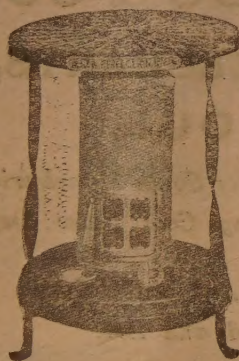


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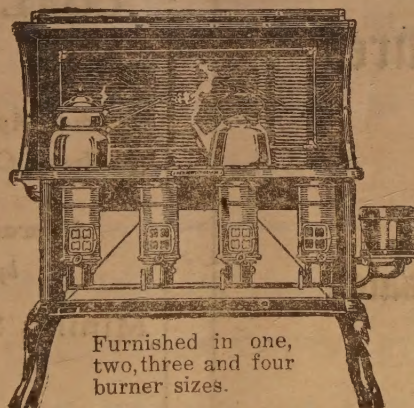
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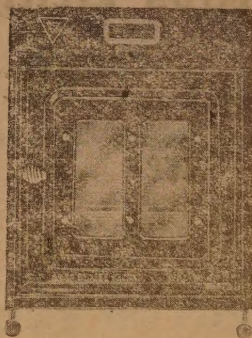
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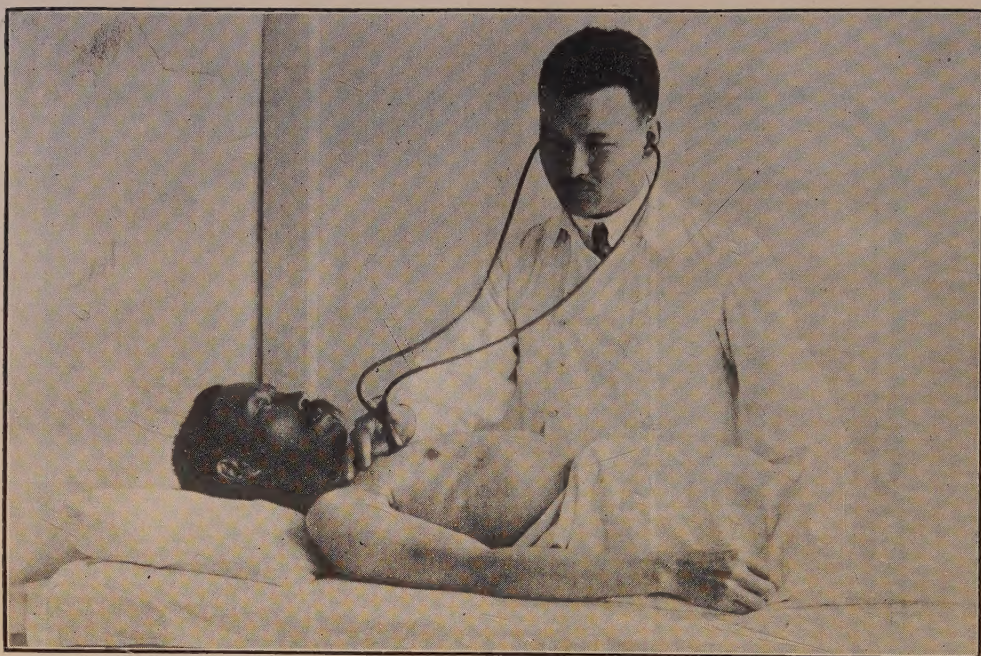
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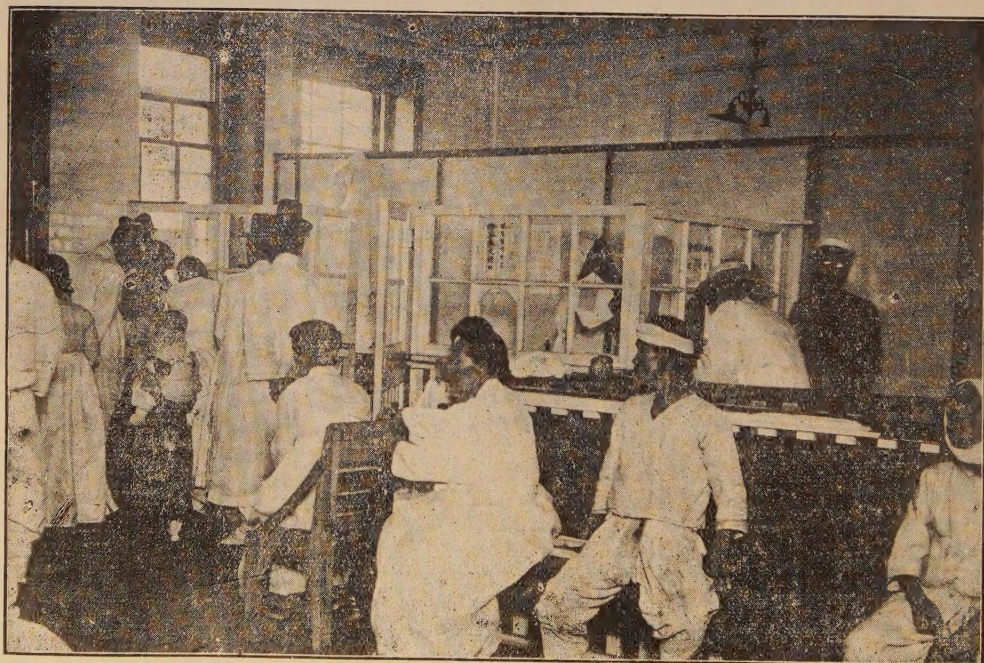
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THE KOREA MISSION FIELD

A Monthly Journal of Christian Progress

issued by the Federal Council of Evangelical Missions in Korea

VOL. XVIII.

JULY, 1922

No. 7

Editorial.

Medical Missions at the Home Base.

GREAT progress is being made at the Home Base in the matter of systematic development of the medical side of foreign mission work. Great Britain got a long start of the United States and Canada in this, but the latter countries are now earnestly working out plans for putting their medical mission work on a sound and progressive basis.

THE Foreign Missions Conference of North America in 1916 directed the Committee of Reference and Counsel to consider the whole subject of Medical Missions, but little progress had been made two years later, probably due to the difficulty of working up new plans while the war was so pressing, but some earnest work was done that spring and summer; from that time the subject has had much attention. It was then that the Methodist Episcopal Board in New York took the lead by appointing Dr. Vaughan as Medical Secretary, and the Presbyterian Board decided to appoint one as soon as a suitable doctor could be found. Such a man was not found, however, till the summer of 1921 when Dr. E. M. Dodd, of the Persia Mission, who was at home on leave, consented to take up the work, temporarily. He and Dr. Vaughan are working in close co-operation and are securing the interest of medical men at home as well as keeping in close touch with many medical men on the mission fields.

The following quotations from Dr. Dodd's letters will indicate the lines of effort.

I take it that the Medical Secretary is trying to do two general things:—

1. To raise the health level of our whole personnel of 1600 odd, and therefore its happiness and usefulness.
2. To promote especially one branch of our effort—the medical missionary work.

By way of following our program outline, we can take up the following points:—

A. Health of Personnel.

1. Physical qualifications of candidates.
2. Supervision of health of furloughed missionaries.
3. Co-operation with medical missionaries on the field, etc.

B. Promotion in America.

1. Publicity and other promotional work for home church, etc.
2. Recruiting for candidates for medical missionary service.

C. General Co-operation.

1. Advising with medical missionaries on the problems and plans for their work.
2. Assisting in securing supplies for the field.
3. Assisting in securing opportunities for post-graduate study.
4. Co-operating through the proper channels for medical education on the field.
5. Advising the secretaries and executive council on medical matters.
6. Record and exhibit rooms to contain statistics, charts, etc.

Dr. Dodd asks for the following help :—

“WITH this last especially in mind, and after consultation with the candidate department, I am now going to ask your co-operation in the following suggestion. I would like to bring up to date and have, from a professional standpoint, the needs of the medical centers from all over our fields, which are placed high in the mission’s authorized list of appeals for reinforcements. I would like to have some doctor for each place concerned, write me a presentation of that particular medical situation and need in somewhat the way that Mr. Trull has done for the missions and stations in his ‘Pen Pictures;’ that is, a description and discussion, of about two or three typewritten pages, well paragraphed and arranged, giving me the general ‘lay of the land,’ the medical situation, the predominating sort of cases, the equipment on hand, the kind of a man most needed for the work, and any other matters that are uppermost. I can then use this with the men with whom I talk. In saying this I have in mind the most needy medical centers, those which are placed high in the mission appeals for reinforcement. As this letter comes to you will you please see to it that this request is referred to the particular medical men who can best handle the question for the places in your mission which are being appealed for in this way. I am after fresh and professional and broadgaged ammunition, in as condensed a form as possible.”

We look for great results from this latest departmental effort on the part of our Boards.

O. R. AVISON.

SPECIAL ANNOUNCEMENT. The August issue of “THE KOREA MISSION FIELD” will be a special number on “The Health of Missionaries in Korea,” by J. D. VanBuskirk, M. D. and F. M. Stites, M. D. Orders for EXTRA COPIES should be sent to the Christian Literature Society of Korea, not later than July 20th.

EDITOR.



THE GENERAL MEDICAL SITUATION IN KOREA.

Three years ago the medical situation in our missions was most distressing. Within the last year additions to the force have greatly relieved it, as can be seen from the following tabulation:—

STATION	Needed		1919				1922			
			In Station.		Shortage		In Station		Shortage	
	Doct.	Nurs.	Doct.	Nurs.	Doct.	Nurs.	Doct.	Nurs.	Doct.	Nurs.
Northern Presbyterian.										
Kangkei	2	2	1	1	1	1	0	1	2	1
Syenchun	2	2	1	1	1	1	2	1	0	1
Pyengyang	1	1	0	0	1	1	1	1	0	0
Chairyung	1	1	0	0	1	1	0	0	1	1
Seoul	5	2	3	1	2	1	5	2	0	0
Chungju	1	1	0	0	1	1	0	0	1	1
Andong	1	1	0	0	1	1	1	0	0	1
Taiku	2	2	1	0	1	2	2	1	0	1
	15	12	6	3	9	9	11	6	4	6
Northern Methodist.										
Yengbyen	1	1	0	0	1	1	0	0	1	1
Pyengyang	1	1	0	0	1	1	2	2	0	0
Haiju	1	1	1	0	0	1	1	0	0	1
Seoul	2	2	1	1	1	1	4	4	0	1
Wonju	1	1	1	0	0	1	0	0	1	1
Kongju	1	1	0	0	1	1	1	0	0	1
	7	7	3	1	4	6	8	6	2	5
Southern Methodist.										
Songdo	2	2	1	1	1	1	2	2	0	0
Choonchun	2	2	1	0	1	2	2	0	0	2
Wonsan	2	2	1	0	1	2	1	1	1	1
	6	6	3	1	3	5	5	3	1	3
Southern Presbyterian.										
Chunju	1	1	1	1	0	0	1	1	0	0
Kunsan	2	1	1	0	1	1	1	1	1	0
Mokpo	1	1	0	1	1	0	1	1	0	0
Kwangju	2	1	1	0	1	1	1	1	1	0
Soonchun	1	1	0	1	1	0	1	1	0	0
Seoul	1	1	0	0	1	1	0	0	1	1
	8	6	3	3	5	3	5	5	3	1
Australian Presbyterian.										
Masan	2	1	1	1	1	0	2	2	0	0
Tongyung	1	1	1	1	0	0	Drop.	Drop.	Drop.	
Seoul	1	1	0	0	1	1	1	0	1	1
	4	3	2	2	2	1	3	2	1	1
Canadian Presbyterian.										
Yongjung	2	1	1	1	1	0	1	1	1	0
Sungjin	1	1	1	1	0	0	1	1	0	0
Hamheung	1	1	1	0	0	1	1	0	0	1
Seoul	1	1	0	0	1	1	1	1	0	0
	5	4	3	2	2	2	4	3	1	1
GRAND TOTAL	45	38	20	12	25	26	36	25	12	17
Gain					13 9					
Needed yet					12 17					

Relation of English Language to Medical Teachers.

O. R. AVISON.

We, of Severance Union Medical College, desire to tell you of the thoughts gendered within us by the experience of the years we have spent in trying to make doctors.

As you all know we have worked on the principle that the medical profession in Korea should be built up on the basis of the Korean language being the teaching and studying medium. To this end every effort has been made, but with only indifferent success; we tried very hard in the early beginning to make text-books in this language.

In the early days of medical teaching in Korea a comparatively simple vocabulary sufficed and even the stumbling efforts of a teacher with very limited use of Korean forms and idioms were welcomed by the eager seekers after knowledge who were glad to get what the times then offered, which, however poor, was actually the best there was.

Now, however, with the wider preliminary education and the greater number of educated youths, a teacher who stumbles and is unable to give closer explanations that are readily understood is entirely unacceptable to the students, so that if a foreigner is to become sufficiently expert in the Korean language to be able to teach acceptably he will require several years of study, beyond those ordinarily given to language study, before he can make a beginning.

Now, a medical man cannot give many years to study the language because during that time he will become a back member in his profession, and so every year it becomes more and more difficult to get doctors or scientists from America or Canada who are willing to lay aside the knowledge and skill which they have obtained by many years of hard work and practically lose their profession; and so it is yearly becoming less practicable to continue the policy with which we started years ago.

A review of the present status of our foreign faculty will show what we mean.

Out of the staff of eight foreign teachers no one can teach readily in the Korean language, while only two can teach it passably, leaving six whose teaching must either be directly in English or in English interpreted by a Korean, while of two foreign teachers, now on furlough, one can teach in Korean readily and one passably, and if two other men who may soon come to our staff actually do come they will be able to teach in Korean, one well and the other passably.

The best we can expect, therefore, will be, out of a staff of twelve foreigners, to have two able to teach in Korean fluently and four passably with six dependent entirely on interpreters.

One needs only to think this over a bit to realize the truth of what is said above. This is not because they are without ability to learn the language, for they have doubtless even more than average mental power, but because they must needs spend the greater part of their time and strength in the daily doing of the practical work of their departments.

It is useless to say they should get the language before they get into their work. Experience shows that the average period of service in the institution is comparatively short. Out of fifteen who have served the Medical College during the last 20 years, one has served the whole time, one 16 years, one 9 years, one 7 years, and the remaining eleven from four years to one year, and of the fifteen only eight are now with us. Again, of the eight still with us three came within this year and one less than 2 years ago.

If, therefore, teaching is to be done in Korean, it is evident that on the whole it must be done by Koreans either so thoroughly instructed that they can teach independently or else so competent in English that they can ade-

quately interpret the lectures and explanations of the foreign professors.

Without any doubt the teaching must ultimately be done by Korean professors in the Korean language, but that predicates first competent professors who have been taught through the medium of English and who can keep on advancing through their reading of English medical literature, and second the creation of a Korean medical literature by these same Korean professors.

All this means the passage of many years and in the meantime, because of the paucity of a medical literature in either Korean or Japanese, the least that can be done for the medical students of the near future is to see that they have enough English to enable them intelligently to read medical books and journals in the English language even though they have been well taught through the Korean language by one of the above mentioned methods.

This brings us to the main thought of this communication, the necessity that is upon us to accept as students only those who, besides an adequate knowledge of Japanese, have a sufficient knowledge of English to read intelligently all ordinary writings, and ability to understand with fair readiness ordinary conversation. We feel that the Medical College will be compelled to refuse to matriculate all who fall below this standard; so, if the mission schools cannot give instruction in English up to this grade it will be necessary for those who desire to study in our school to take such extra course as will prepare them to pass the required examination.

At this stage in Korea it is more and more manifest each day that the foreign missionary must devote himself largely to the intensive teaching of a comparatively small number of men who can become teachers of others. This is important in all lines of work, but it is imperative in scientific and professional lines.

Then all who are going to be really valuable professional teachers will, after a longer or shorter term of services, feel the necessity of

going abroad to improve their knowledge and skill, and that will mean ability to understand English well, both written and spoken.

What is being done to meet this situation? In our Medical College we are even now in a most critical state for we cannot get Korean teachers with sufficient qualifications—they do not exist; we cannot get Japanese teachers who are Christians in sufficient numbers to teach even in the Japanese language, and, if we could, it would not in the end enable us to reach the goal we aim at—o, the putting of our graduates into touch with English medical literature; we cannot depend upon foreign doctors and teachers to prepare themselves to teach in Korean, and if we could, the aim mentioned above would not be attained, and we cannot get English speaking Koreans able to interpret the lectures of foreigners because this can only be done by men familiar with the medical subjects and as yet such men are very scarce.

This situation embarrasses us greatly. How is it to be met?

It seems evident that foreign medical teachers will be compelled to teach in English either directly or through competent interpreters, and it seems equally plain that students must get more English before they come to us. Can the mission schools help us in this by giving increasing attention to the teaching of English?

Without doubt this argument will give rise to the question—how are your medical men to discharge their evangelistic responsibility if they do not learn the Korean language? This question has already bothered some of our new doctors and the reply is that, although they cannot hope to get the language sufficiently to do their medical teaching through it, they can and must study it and get enough to enable them to understand their patients and the general public, and to converse with them, and if possible enough to do the simpler forms of Bible teaching, Sunday School work, etc., and this will be actually possible to all, or nearly all, and will add greatly to their influence

and prolong their desire to live and work in this country.

If each medical professor and science teacher can, in his own sphere, in addition to carrying the work of his department and directing the teaching of his classes, put his own spirit and zeal and knowledge into even two or three English speaking Koreans who can be teachers of the coming students, he will in his own lifetime ensure the firm establishment and future continuance of his specialty in this country and, by so doing, accomplish a greater work than would result from the graduation

of a greater number of mere practitioners unable to pass on to others that which they have somewhat imperfectly learned and as imperfectly practice.

Once more we are forced to ask—What will be the best solution of our problem and what can our mission schools do to help us? Or, who in America will solve the problem by sending out a competent head for a school for advanced English and a sum of \$3,000 per year for its current budget until it can get on its feet when it will become self-supporting?

The Problem of Insanity and the Responsibility of the Church.

C. L. McLAREN, M. D.

In the litany of the Episcopal Church is included a petition for these afflicted in "*mind body or estate.*" What has been the attitude of the Roman Church I do not know, but it is not untrue, I think, to say that Protestantism has shown herself little concerned either in her prayers or in her activities with the grievous tragedy of the insane. In the manifold missionary activities of the Church in the Far East there are but two or three institutions devoted to the care and treatment of the insane.

Nevertheless it is, I believe, the case that the insane have a very special claim upon the Christian Church.

It is repeatedly recorded in the Gospels that Christ himself cast out evil spirits, and that He committed to those whom He had appointed to preach and to heal a like authority and obligation.

While there are, I know, some difficulties in identification of the phenomena described in the New Testament as "possession by evil spirits" with those we now describe as insanity, such is the conclusion to which I myself have come; and I hold my belief together with another; namely that the New Testament in so describ-

ing the condition speaks in a more fundamental language than does our modern terminology.

Do I believe in present day possession by evil spirits? If the question and answer necessarily connote materialistic ideas based perhaps on Bunyan's allegory or less admissible conceptions of creatures with semi-material form and spacial relations, then I do not so believe. In another, and it seems to me more fundamental sense, I do so believe.

I have seen men and women mentally afflicted. Many of them are no longer free and moral beings. They *cannot* think and will and feel aright. They are driven, obsessed, compelled, by hideous and abhorrent compulsions. Unreason blights their thinking; groundless fears or empty hopes dominate their minds. With some, unspeakable depravity, unilluminated with even a ray of insight, corrupts the whole nature.

If words are to carry their plain meaning; if facts are to be represented; if ideas are to be conveyed; if we are seeking not merely to describe "phenomena" but to reveal "nomena," how else can we say but that these unfortunates are obsessed with and possessed by an evil

spirit? This is not the spirit of reason or of right; it is not even the spirit of our poor, foolish, sinning, yet free and responsible, human nature.

But you say this is not a spirit; this is brain change. Yes, brain change there often (perhaps—I know not—always) is. And on what depend these brain changes?

When last I was on furlough I devoted a considerable amount of time to visiting and studying in the Insane Asylum in Melbourne.

The superintendent of the asylum spoke to me of the many cases of "General paralysis of the insane" who in recent years had been inmates of the asylum. Now if there is one variety of insanity more than another in which it is possible to assign a definite physical and chemical cause and to see the dependence of mental deterioration on brain decay, it is just this disease of general paralysis. But let us push the enquiry further. The specific cause of this disease is the spirocoate of syphilis. Push the investigation still further. The superintendent went on to say that this harvest of general paralysis which was reaped in the asylum had been sown among the troops sent by Australia to the South African war. So it becomes evident that we must look for the cause of this disease deeper than a mere micro-organism, deeper even than the lack of moral control which leads an individual soldier to expose himself to the risk of such an infection; we must look deep down into these moral and spiritual obliquities in individuals, in society and in nations, out of which come wars and social injustice and faulty moral standards.

There are two sayings of our Saviour from which we may learn both charity and humility when we address ourselves to such a subject as this.

To the conventionally-minded disciples who sought to fit the workings of God's providence into their theory of wrong-doing and retribution came the answer, "Neither this man sinned nor his parents;" while to men ready enough to condemn the victims of the fall

of the tower of Siloam, yet careless of the moral depravity into which the nation had fallen, and knowing not of the doom which a moral order involves for such a state, there came the warning "Except ye repent, ye shall all likewise perish."

A principle that is being increasingly recognised in modern psychiatry is that we must cease to think in terms of an isolated and individual case; still less are we entitled necessarily to attach special moral culpability to a particular victim. More and more it is being recognised that the conflict coming out of abnormal reaction or abnormal environment is the potent cause of insanity.

What then is the attitude that the individual ought to have in all his reaction to life?

Christ has taught us, "Thou shalt love the Lord Thy God with all thy strength and with all thy mind, and thy neighbour as thyself."

And is the material and spiritual environment other than just that environment which would inevitably eventuate were individuals and society to set themselves to follow Christ's law of love to God and man?

But it is not enough that the Christian Church look and work and pray for the Golden Age that surely is to be. We are faced with a present tragedy and a present task. There is the call to the care and the cure of those who are afflicted in mind; there is also the call to combat these deep moral and spiritual causes and forces so potent for evil and for the disintegration of the life both of the individual and of society.

"This sort," Christ said, speaking to the disciples who had failed in their attempted cure of the epileptic child, "This sort goeth not out but by prayer."

My experience has led me to think that when prayer is answered for the cure of conditions immediately dependent on physical and chemical disturbance, it is answered along the line of provision of means for the control or remedy of the physical disturbance: thus we see all sorts of infections controlled and prevented by aseptic procedure. In our day we

are seeing an answer to many prayers for the cure of leprosy by the discovery of the improved methods for the administration of chaulmoogra oil extracts and in the increasing zeal for the segregation of those who are spreading the infection.

In the case of these diseases which are caused by failure in emotion, in judgment and in resolve—neurasthenia and the like—prayer has been answered by there coming into the mind of the patient new hope, new perception of truth, and, most effective of all, new resolves after those principles of honesty and faith on which alone strength of character can be built. But there is evidence, I believe, which points to an even more specific and immediate action of prayer in the case of insanity. Of course much needed care must be provided and indicated drugs used. But neither nursing nor medication cure insanity. Of course wise control and sympathy must be

given, but too often those patients are inaccessible alike to reason and to moral suasion. Psychotherapy does not cure insanity.

Our Korean fellow-Christians believe in prayer in the treatment of these affections. I think perhaps they are not mistaken. I have been impressed with what I myself have seen and with the first-hand evidence that has come to me.

It is my earnest hope and prayer that at no distant date we may have established in connection with Severance Hospital and Medical School, accommodation and provision for the treatment of these unhappy persons.

But the problem is a larger one than can be solved by a single hospital or even by the wide-spreading influence of a Christian Medical School. To the solution of this so large and difficult problem must be brought the consecration and the spirituality, and the commonsense of Christ's Church.

The Dental Situation.

DR. J. L. BOOTS.

Teeth are the least understood and most neglected of all the tissues of the body. Wherever civilization has gone it has taken with it rich, soft, pasty foods and a corresponding increase in dental decay. Today in America it is estimated that 95% of school children have decayed teeth. In a population of 110,000,000 we have 44,000 dentists or 1 to 2,500 people. With all the increasing knowledge only 12% of the population patronize the dentist for anything except extractions for relief of pain.

The chief concern of dental science in the past has been to restore damaged tooth substance and to replace lost teeth by artificial means, while little attention was given to measures tending to prevent such condition coming into existence. Recent investigations have so thoroughly and conclusively linked oral foci of infection with systemic disease

that preventive dentistry takes a new and broader meaning in preventive medicine. Heretofore the dentist has gone his way independent of the physician and the physician his way independent of the dentist. Now they are co-operating more and more, to the benefit of both, and greatly to the benefit of the patient.

Next, there is nothing I know of that people are so little able to judge the value of as dental service. The standards by which it is usually judged, appearance of the work, lack of pain, the retention of a filling, are the least indicative of its real value. We are almost always able to tell whether we heard a good sermon, or had a good lawyer, or bought a good piece of furniture or shoes, or clothes or even had a good or poor physician or surgeon, but in spite of the fact that every member of the laity thinks himself perfectly capable of judging a dentist's work, we go on gold-toothing

and gold-bricking the public without their knowing it until the physician or an honest and capable dentist corrects the fault.

The economic problem is most important. As long as a dentist gives people what they think they want instead of what they need, (and the average patient is always ready to make his own diagnosis), as long as he works so long each day at the chair that no time is left for study, as long as he sells his service as a piece of work for which the patient expects to pay only so much, as long as he undertakes a task in the healing curriculum with a purpose of complete and thorough recovery and healing of the disease secondary to a purpose of the profit on the job adjusted to a set fee, so long will dentistry cease to advance, so long will dentists be incapable of co-operating with physicians, and so long will the laity struggle for cheap, but actually expensive, repair dentistry instead of preventive and reparative professional service.

Dental caries is a chemico-parasitic phenomenon. Lactic acid formed in the mouth by fermentation on unclean surfaces of teeth, attacks the inorganic structure of the enamel and destroys it. The initial acid attack merely causes a slight roughening of the surface, which makes it easier for subsequent agglutinated food particles to attach themselves. Present day diet causes not only excessive masses of agglutinated food particles to cling to tooth surface and ferment into acids, but it reduces the flow and increases the viscosity of the saliva to such an extent that it is entirely unable to cope with the acids that form. The factor of immunity to dental caries is in the saliva, not in the teeth.

Decay advances into the dentine and pulp, the pulp dies and if the tooth is to be retained the dentine and pulp canal must be sterilized and the canal filled with an inert substance that will keep out serum and be in contact with the end tissues without irritation.

Enter the X-Ray. Every dentist answered these requirements until the x-ray proved us liars. I shall not attempt statistics here,

but it is a rare, a beautiful thing, to find a root canal filled to the end. The 75 to 95% that are not filled at all, or only partly filled, leave a reservoir for blood serum that means subsequent infection. As for the 5 or 25% that were filled to the end, how many were filled with a surgically clean antiseptic technique? In case of infection, an abscess forms with the pathology of which you are familiar. The pus following the line of least resistance may come to the surface, or it may be absorbed very slowly without the body showing any ill effects. Or it may be encapsulated in a granuloma by nature's attempt to wall it off. As the capsule develops the danger of the lesion becomes less, but it must be remembered that although nature has been able to isolate this material, she has not been able to make it sterile. If some break occurs, and the capsule becomes permeable, the bacteria escape into the lymphatics and blood vessels and are carried to other parts of the body.

The peridental membrane is attacked by what we know as pyorrhea. Some irritation, tartar or calculus, illfitting crowns or fillings, or traumatism, causes an inflammation of the gum margin which advances to the peridental membrane and bone socket, the tissues breaking down and forming pus. The loose gum flap and decaying bone make a pocket increasingly adapted to protect the irritation which causes the infection. Bone necrosis persists until the tooth becomes loose and falls from the socket. There is a constant seepage of pus, either into the tissues, or into the mouth, or both.

Now the matter of the relation to general systemic conditions. I know of nothing that so forcibly brought this out as experiences in the late war. Hundreds of cases of wounded showing ready response to treatment in advanced hospitals had secondary hemorrhage and infection when taken to the base hospitals. After having lost many cases, oral surgeons succeeded in getting the mouths cleared of infected teeth either before going to the front

or during the early wound treatment, and it was found that to a large extent there then occurred no secondary hemorrhage nor infection nor complications after the case once started to heal.

In the present conflict between those who advocate radical surgical treatment for all pulpless teeth, and their opponents, and in the disagreement as to the what and how of pyorrhea, there is no dentist who is trying honestly to hold himself near the center of gravity until the swinging pendulum of professional opinion comes to a stop at scientific fact, who today believes that the extraction of teeth will cure everything from house-maid's knee to dandruff. But we have all had some cases, and there are plenty to prove that many cases of arthritis, endocarditis, insomnia, neuritis and insanity have completely recovered following removal of oral foci of infection and impacted or unerupted teeth.

If you ask me if this or that patient will recover if his mouth is cleared, I should never promise recovery, because if the secondary metastatic centers of infection have so well fortified themselves, they become independent and remain after the original primary foci are obliterated.

Dr. Keys, at the orphan asylum in Boston, working with 325 children, reduced the number of infectious diseases 59% the first six months through oral hygiene, and eliminated infectious children's diseases almost entirely in his second year.

Children's teeth are the most neglected and disliked of all our work, yet with all our disagreement on every subject of discussion in our profession, there is one scientific truism we can all accept. Careful systematic and preventive dental service to children will be the greatest aid to preventive medicine we can ever give.

In the Forsyth Dental Infirmary in Boston, of 6,000 boys and girls from 8-16 years examined,

there were neither dental decay nor malocclusion in the mouths of 11%, and none of these had had measles, chicken-pox, mumps, or scarlet fever. In 89% having one or more of these infections there was, in every case, caries or malocclusion.

The present generation of physicians and dentists must be content in treating the effects of focal infection, in eliminating as far as possible the opportunity for such foci to exist, and in eradicating those now existing. Yet our greatest mission is the education of the coming generations so to care for their mouths and their bodies that the future generations of physicians and dentists will have the problems of focal infection already solved.

The entire dental curriculum must be ever changing to keep up, and the medical schools must teach more oral surgery that the physician can better diagnose and co-operate. We must have more and more dental work done in hospitals until the public are impressed with the fact that dental service is not different from treatment of other parts of the body, but is a part of the healing art.

We are attempting to provide for the dental needs of Korea by the following methods:—

1. Dr. Boots will supervise the dental teaching of our medical students and the training of dental assistants, gradually working towards the establishment of a dental school as a department of the Medical College, and in the meantime will direct and supervise a dental clinic for Koreans.

2. Dr. McAnlis will devote himself largely to the treatment of foreign cases, but will also assist in teaching and in clinical work for Koreans.

3. Immediate need for a third foreign dentist here has been covered by the announcement that one will be sent to the Southern Methodist Mission to serve them and their field.

Tuberculosis: Its Menace and its Cure.

T. D. MANSFIELD, M. D.

A short time ago, a friend returning from Peking brought the news that a young doctor, a Korean, who was "topping off" his studies at Severance by a year of internship in Peking Union Hospital, had been found by the doctors there to be tubercular, and had been ordered to take the rest cure. Thus the hopes and dreams centering in this young man and extending back for almost ten years, seem now, at the very moment of fruition, likely to be blasted by this terrible disease.

A nurse, a graduate of Severance, personally known to many of you, widely reputed and correctly considered one of the most capable nurses ever graduated from our training school, was the subject of a consultation among several doctors a few days ago. All agreed that the diagnosis of pulmonary tuberculosis was unquestionable and that it was a matter of immediate concern to us to check the progress of the disease, not only for her sake but for ours, in order to keep the services of a valued worker.

I could go on at great length telling of school principals who have come to our clinics bringing their right-hand helpers, impaired in health and about whom they were concerned, who, when the diagnosis had been made, stated that if we would only give directions leading to a cure, no possible care or expense would be spared. I have known missionaries to cut down the food served on their own tables in order that they might send a few dainties to tempt the appetite of some valued Korean friend suffering from this disease. Others have incurred large debts in paying the hospital fees of a teacher or friend who is seeking health in a sanitarium in Japan. I am sure that there is not one of my readers who cannot relate similar instances. It is safe to say that there is not a missionary in Korea whose work has not suffered by the encroachments of tuberculosis among his active workers.

Leprosy looms large in the minds of all. It has held the public gaze (from the time of Moses) as a terrible, incurable disease, and the recent promising advances made in the fight to put it among the curable ills of man, have added greatly to its spectacular interest. But as a menace to the health, progress and economic efficiency of the Korean people, as a factor causing loss to the forces battling for the establishment of the Gospel in this land, as a scourge bringing sorrow and suffering in its train, blasting life and hopes dearer than life, leprosy is not to be mentioned in the same breath with this arch enemy of the health and happiness of mankind.

Not a home in this land, foreign or native, but is menaced by this insidious foe. It enters our homes in a hundred unseen ways. Our children are daily exposed to it. Fortunately, its contagion is slow and the natural immunity of healthy bodies is strong to combat it. Otherwise no one of us would escape. The struggle to overcome this menace is a matter of selfish interest to everyone of us as well as a matter calling for support on a broad humanitarian basis. Every step in advance lessens the danger to ourselves or our dear ones. In America, the active fight against tuberculosis, waged for the last twelve or fifteen years, is beginning to show results, although this disease still heads the mortality lists. In Korea, no definite beginning has been made to counteract the disease either by ourselves or by the authorities, at least not on a scale of any magnitude. Have you ever tried to secure institutional treatment for anyone suffering from this disease? If you have, you probably have discovered that such patients are not admitted anywhere. Why? Because their numbers would swamp any of our existing hospitals and render them unable to treat any other class of patients. Tubercular bone cases alone would probably fill every available hospi-

tal bed in Korea today if they were freely admitted. What is the medical profession doing for these poor sufferers? Practically nothing. A little tonic, some good advice, saying, "Be ye warmed, and fed," but not providing the means to attain this end.

What should be done? On Severance Compound we are building a three-kan house in semi-Korean style, with shutters that open on all sides, with sunny exposure and with some degree of care for the comfort of its inmates. In this we expect to house and care for three tubercular patients. Thus we have made a start in what I hope and pray may grow into a sanitarium, where hundreds may be taught the way back to health, they to become the apostles of the gospel of health to thousands of others who now suffer hopelessly. Such a sanitarium, once established and equipped, could easily be made self-supporting. To found and firmly establish such an institution in Korea would be a gift to a nation never to be forgotten and possibly never to be surpassed, while the doctor to whose happy lot it would fall to work in co-operation with such a philanthropist, bringing to the hopeless invalids of Korea the first glow of light, then helping this first glimmer to grow into the dawn of the day when tuberculosis as a menace will be a thing of the past,—such a doctor may hand the torch to his successor and lie down to die with the comforting knowledge that he has done a work worthy of his best effort, justifying fully all the sacrifice and privation attendant on his service in this land, pleasing, I know, to the Master Physician whose humble servants and imitators we are. Some such institution is essential, I believe, not only for the cures that it could help accomplish, but as an educational center, teaching the ways and means by which the fight is to be carried on.

A second means to this end is publicity—public education in the nature of the disease, the common channels of transmission and instruction in means of prevention. Such a campaign of pictures, posters, leaflets and

lectures is now being conducted in China with most promising results. In Korea a beginning might be made by using the columns of the Christian Messenger, thus to reach thousands of interested and intelligent readers.

But it is when we come to follow the tentacles of the disease into the economic life of Korea that we find a most fascinating study, at once the hope and the despair of one who has chosen to interest himself in this campaign. The greatest single adjuvant of tuberculosis, not even excluding ignorance, is poverty. It is impossible to live hygienically in the mud hovels that house the common people of this land; it is impossible to fight disease properly on the margin of subsistence that prevails in most Korean homes; it is impossible to work fourteen to sixteen hours a day and be interested outside of that time in anything but food and sleep. It is conditions such as I suggest here which favor the growth and dissemination of disease in general and particularly of tuberculosis. Its roots are firmly anchored in this foul-smelling economic cesspool. There is little hope of victory in this struggle without the active co-operation of the masses of the people and this we can never get until the economic conditions are raised to a plane where hygienic living is a possibility. We foreigners, and especially we missionaries, often speak of the great economic advantages that our presence and the doctrines that we teach have brought to the people whom we serve. There is truth in this, of course, in general, but in particular, the average missionary and mission board accept the economic conditions of the country as they find them and use these in the pursuit of their purposes. I beat down the coolie who carries my load even when I know his service is worth more than what he asks. I give the contract for my house to the lowest bidder and to come out clear he has to work his men from daylight to dark, amounting often to 18 hours a day. I build a good, comfortable, clean house for my family, but I care nothing for the hygienic condition or comfort of my servants' quarters. I pay my

servants the barest living wage, thus allowing them only the poorest food, the poorest house, no margin for sickness, no funds to educate their children, and neither time nor money for self-improvement or indulgence in some of the comforts of life. We take advantage of the disorganized and helpless condition of labor to impose upon the laborers and hold them at our mercy. If there were a cooks' union in Seoul, how long would our ladies be able to secure cooks at present wages? The growing restlessness of the laboring classes, and their resentment of the treatment they get from us, has plenty of foundation, if we are honest with ourselves. Now all these things, low wages, long hours of labor and a narrow margin of subsistence are the conditions under which tuberculosis spreads with greatest ease and rapidity, and conversely, every effort to increase the wealth, and comfort and improve the hygienic conditions of life is a body blow against the enemy. And in this we can all join. Insist that our Boards grant enough funds for our servants' and helpers' houses so

that they can live in approximately the same degree of comfort that we do. Pay those who work for us enough not for a bare living only but enough to enable them to educate their children, pay their sick bills and occasionally give a feast if they want to without mortgaging the family's income to do it. To do this our own margin of subsistence must be increased. This is but right and the plain duty of the governing Boards.

Have I gotten away from my subject? Not at all. A people living under proper economic adjustment, happy, hygienic, educated, will have little to fear from the inroads of disease, for not only will their natural immunity be largely increased, but their knowledge of the methods and means to use in combating sickness when it does arise, will also be enlarged. And between you and me as missionaries, many of the temptations to sin, which is the mother of disease, will be done away with. Let us each, as we can, be it ever so little, give the wheel a push in the right direction.

Tuberculosis : The Medical Problem of Korea.

A. G. FLETCHER, M. D.

Mr. Kim paid a yen and was shown into the foreign doctor's office. His age was recorded as twenty-five and his occupation, a merchant. Married at twenty he lived with his wife one year then handed her a bill of divorce. The next three or four years were spent working by day and dissipating by night until nine months ago, when he began to feel a little the worse for wear. His appetite went back on him, he felt tired and lost weight. A cough developed which he had been unable to shake. Soon he began to raise a good deal of phlegm. He was now troubled with indigestion, chilly sensations and night sweats. He got out of breath easily. One month ago he spat up blood and that rather frightened him, so he began to wonder what he had better do next in order to get to feeling better. He had

been eating Korean medicine ever since he began to feel out of sorts but had received no benefit. One of his friends recommended our hospital, so he decided to take the chance and came. Physical examination located the cause of his trouble in the upper lobe of the right lung, but he was asked to sit in the waiting room until we examined his sputum. As the microscopist did his work I sat and wondered what advice to give this young man regarding the treatment of his disease. Did it ever occur to you that we have not even one tuberculosis sanatorium or hospital in the whole of Korea? I decided to explain to my patient the four principal elements of the treatment; rest, fresh air, proper food and finally, regulated exercises, hoping that he would be willing to co-operate in the carrying out of this

line of treatment in his home. Soon the laboratory reported tubercle bacilli in the sputum, thus corroborating my diagnosis, and Mr. Kim was called for. While other patients sat in the waiting room, I spent twenty or thirty minutes trying to impress upon him the nature of his trouble and reasons for the treatment I advised. Because of the Korean's age-old custom of "eating medicine," and of their firm belief that if they only find the right medicine any and every ill will be cured, I emphasized especially the fact that we had no specific for the cure of tuberculosis. When I had finished, Mr. Kim said, "My friend told me that the medicine he got at this hospital cured his cough in three days, and I want to buy that medicine."

The ignorance of Mr. Kim is common to millions in Korea, thousands of whom are sick and hundreds of whom are dying with tuberculosis every day. To combat this ignorance of tuberculosis we must institute a complete educational program.

1. Educate and treat those who are ill with tuberculosis.

To this end it is desirable to have a sanatorium for incipient cases where the disease may be arrested (we cannot say cured as the bacilli still remain) and the patients thoroughly educated in proper methods of living to prevent relapse, and a hospital for advanced cases that cannot safely or adequately, for social, economic or personal reasons, be treated at home. However, many patients will always be treated in their homes and we must try to educate them to properly dispose of their sputum (which may contain millions of bacilli) in order to protect others from infection, especially little children; try to train them to cover the mouth when coughing or sneezing and to protect and frequently cleanse the hands as many germs spread by carelessness.

2. Educate the lay public regarding more common symptoms, means of prevention and methods of treating tuberculosis. There are many ways of doing this, but the best is by concentrated efforts in a demonstration area.

The people should learn that spitting blood, no matter how little, if not from the nose or gums is probably tuberculous in origin. Pleurisy with effusion is equally suspicious of tuberculosis. Frequent colds or a cough that persists for six weeks should always be investigated from the view point of tuberculosis. Fatigue, loss of weight and indigestion are early symptoms of tuberculosis. Seventy-five to ninety percent of all people are infected with the tubercle bacilli before they are fifteen years old. This does not mean that they will have the disease tuberculosis. As a matter of fact the majority of people fortunately get the bacilli in small doses and are able to keep them under control for this reason. It is the children who are intimately associated with some one whose sputum is teeming with germs and who is careless about the disposal of his sputum, that get a massive dose to which they are likely to succumb sooner or later. Many cases of even large doses of infection remain dormant for years until, for some reason, the individual's physical condition is below par, then the tubercle bacilli multiply and soon tuberculosis is manifest. It is a disputed question as whether or not tuberculosis infection occurs in adults. Certainly in the majority of cases infection occurs in childhood and the individual often knows nothing of it until many years later. A man consulted a specialist in regard to his chances of contracting tuberculosis if he lived with his wife who was tuberculous. The reply was that his chances of not developing tuberculosis were better than if he had a wife who was perfectly healthy. The explanation is—the wife was educated in regard to tuberculosis. She knew how to properly dispose of her sputum so as to protect others from infection. She knew the advantages of sleeping out, eating plenty of plain nourishing food and living a well regulated life. Naturally the husband adjusted his affairs so as to live a similar life and thus profited much physically.

Briefly stated, tuberculosis is due to stress and strain, deprivation and dissipation. There-

fore, to prevent tuberculosis, better the conditions under which we live and work and regulate habits. Agitate for cleanliness; light, space and food enough for all; a rational proportion of working and leisure hours; reduction of preventable infections to a minimum.

3. Educate all school children in tuberculosis and public health and organize them into "health clubs." Thus the citizens of the future, with sympathies and interest awakened, will more liberally give of their means to the warfare against tuberculosis. The immediate results may be slight or vague, but we should start this education of the children and keep at it incessantly.

4. Educate the medical fraternity. The best method is a tuberculosis department in a

medical college and hospital where teaching can be done by demonstration. Have every physician become familiar with the first symptoms and learn how to diagnose tuberculosis early so that the disease may be arrested and the individual restored to health again. Have every physician realize the importance of preventing repeated or massive infections in childhood. Also have every one recognize the part that environment and other diseases contribute towards the production of tuberculosis. It is fair to assume that if all infection were kept thoroughly inactive throughout the years of childhood it would become sclerotic and so well invested that practically no adult disease would develop from it and much of it would completely die out.

Need for Training in Paediatrics in the Korea Medical Profession.

DOUGLAS B. AVISON, M. B. (Tor.)

Fifteen years ago the subject of Paediatrics was little heard of. To be sure, individuals here and there made a specialty of children's diseases, but such a thing as an organised department of paediatrics in our universities, as distinct from that of medicine, was unknown. With the great interest taken in recent years in social service and vital statistics, the nations awoke to the losses they sustained by the high infant mortality prevailing, or to the great amount of preventable disease among the infant population, which gave to the state a large army of physically and morally crippled citizens. With this awakening every medical college which makes any pretense of being up-to-date has created a special department of paediatrics dealing with every phase of infant life.

It is said that Osler on meeting a lady who had been a childhood playmate of his asked, in the course of their conversation, how many children she had. She replied that she had had eight but that the Lord had seen fit to

take four from her. Learning that these had all died in infancy of some sort of bowel trouble he said, "My dear woman, don't blame the Lord for your own ignorance." If it is true that the Lord takes our little ones home, it may also be true that in doing so He is trying to teach us how we should care for them that we might have them longer with us. In any case the efforts expended in paediatrics and child-welfare work within the past few years has undoubtedly reduced both infant mortality and disease.

That the study of diseases of children is different from that of adults must be apparent to everybody. For example, the baby cannot tell you the duration, nature or location of its pain; physical examination often gives results the opposite of what you would expect in an adult and yet are normal, and treatment the contrary of what you look for. To illustrate the latter point it is only necessary to mention the constipated baby, which given castor oil becomes more constipated.

It is not necessary in Korea, where infant mortality in the first two years of life must be quite fifty per cent, to urge the need of intelligent teaching of the parents the essentials for rearing their little ones. But, if we acknowledge the need we must provide the teachers. We would naturally look to the medical profession for this guidance, but here we find an absolute ignorance of the fundamentals of diagnosing or treating children's diseases. This is not on account of any lack of intelligence on the part of the doctors, but is due to their not having received in their medical course that training which would fit them to treat successfully their greatest number of patients.

As examples of what can be done I quote the following cases:—

Baby A., aged 11 months, was admitted to the hospital suffering from diarrhoea and vomiting of three weeks' duration, during which time he had been under the treatment of a physician in Sin Mido. He was very thin with his eyes sunk deep into his head and had a weak, pitiful cry. The treatment had been sweetened condensed milk, dilute hydrochloric acid, and bismuth. Our treatment was no food for twenty-four hours, plenty of water by mouth, and 5% glucose subcutaneously for two days. After the first twenty-four hours he was put on cow's weak milk mixture, the strength of which was increased daily as indicated by daily examinations of the stools. Improvement was slow but sure and today, eight months after leaving the hospital, the baby is fat and well.

Baby B., aged one year, had been coming to our dispensary for a week, being treated for diarrhoea and colic. As it was not improving I was called to see it. He was admitted to the hospital, put on three-hourly feedings and given a dose of castor oil. Examination revealed kimchi, beans etc. Two days in the

hospital effected a cure and the mother went out a wiser woman.

Baby C., aged two months, was being treated for distention and colic with peppermint water by mouth and hot stupes to the abdomen. Relief being only temporary, I was called. The child was put on three-hourly feedings with permanent cure as a result.

Baby D., aged ten months, was admitted with empyema of the right chest. The Korean doctors insisted on sending the case out as incurable. The child had a bad cough and high temperature. One inch of rib was removed under cocaine anesthesia and a pint or more of pus drained away. The temperature quickly dropped and there was no discharge the next day. Five days later the mother removed the child against our advice, declaring it to be well.

Baby E. was admitted with laryngeal diphtheria, struggling for air, eyes dilated and sweat standing out all over her body. The Korean doctor said it was too late to do anything. It took just a few seconds to intubate her and the struggles ceased, sweat disappeared and after getting a proper dose of antitoxin she fell into an exhausted sleep. Her recovery was uneventful.

Needless to say all our cases did not have such happy terminations as those quoted. They do show, however, what can be done in a large number of cases where an intelligent knowledge of children in disease and health is applied. Each case represented mismanagement or lack of courage on the part of various doctors, all of whom are graduates of recognized schools in Japan and Korea, but the cases showed still more the need for specialized teaching in our medical school as to the proper care of infants in order to keep them well, as the great majority of cases of sickness and death in young children in Korea are due to overfeeding and wrong feeding.

Practical Dietetics for the Korean Sick.

DR. ROSETTA HALL.

Broadly speaking, diet is what is eaten and drunk habitually; but in the care of the sick it should mean a course of food scientifically selected to best nourish a patient in a given illness.

Dietetics has become a science and more and more the intelligent laity are studying foods and food values in relation to their health, which means both increasing efficiency and preventive medicine.

As Dr. VanBuskirk ascertained in his admirable study of the diet of the Koreans, it is up to the standard. It *seems* rather deficient in proteins and fats, but the amount of fats absorbed is limited in any case and an excess drugs the appetite; and there is no necessity for the large amount of proteins consumed by most foreigners.

I recall in the discussion of Dr. VanBuskirk's paper on Korean Diet before the Korean Branch of the Royal Asiatic Society that Dr. Gale reported that he had used Korean diet for three years with no ill effects, that scholars stand long walks upon it, that coolies bear great weights for long distances, and that in 1794 there were 58 people in the palace not less than 100 years old. It was also mentioned that up to 20 or 25 years ago the Korean diet was without cane sugar, and that the older Korean people still have better teeth than we or many of the younger Koreans who indulge in cane sugar sweets.

Having concluded that the Korean diet is practical when properly balanced, we will proceed to enquire into special dishes or courses of food to correct the results of an unbalanced diet or of disease.

First, let us spend a few minutes on this from the Korean viewpoint, and I hope some of you will amplify it, for I confess to not having taken enough time for this paper. The few dishes I shall mention may mostly be endorsed.

To cause perspiration in breaking up a cold, a gruel is made from boiling and straining barley, black beans, the inside of a gourd, chestnuts and dates. Eat freely of this hot gruel, lying upon a hot floor, and watch your cold disappear!

Another good food used in colds is barley, chestnuts, "tai chu" and wild grapes, boiled with cinnamon and served hot.

For coughs. Roasted "eun haing" nuts. Korean candy is used for the cough or distoma, and in this disease patients are directed not to eat fish, which, if the prohibition extends to shell-fish and crabs, is well. In whooping-cough the saliva of the donkey is used—that is why a child with pertussis is told to "kiss the donkey." It is a homeopathic treatment, I presume, the cough being called "donkey cough."

In acute nephritis, lettuce stems are boiled with cabbage roots and broom-brush tops in plenty of water. It is then strained and drunk hot by the bowlful,—a supposedly sure cure when the kidneys refuse to act.

In measles, smallpox and severe fevers, hot millet gruel is freely served. This is also used for increasing a nursing mother's milk.

But as a rule with adults, gruels of either rice or millet are not given except in the last extremity, and that probably accounts for the prejudice against using these very excellent dishes in our hospitals for fevers and internal disorders.

In dysentery, rice gruel and bean mush are used to advantage; also acorns and honey. To this list should be added barley-gruel; and arrow-root can now be procured cheap from the Japanese and is a valuable addition to the diet for dysentery.

In tuberculosis, chicken soup, chestnuts, raw oysters, clams and eggs are used. Amplify this with plenty of rice, fruit, beans-prouts, sesame seed and oil and you have a fair diet.

In case of much thirst, in fever of t. b. especially, there is used the first menstrual fluid of a virgin which has been carefully collected, and then dissolved in cold water and drunk as needed. Or, instead, a placenta may be used—in this case the blood is all washed out of it, and it is burned and the ashes are put in wine and drunk and is supposed to be very effective. These are peculiarities that already it is becoming difficult to get any details of, and the sooner they are substituted by grape juice and the delicious drink they make from the pomegranate and also use to quench the thirst of fevers of t. b. and tojil, the better.

In cases of indigestion, they don't use Korean bread, but weak wine, or better "se-kae." This is also drunk after a feast to prevent indigestion, and is used by old people for indigestion. It is one of my favorite foods for patients whose digestion is weak from fever or other causes. I recall an Ewha College student who had an obscure disease accompanied by vomiting and emaciation, whom I fed almost entirely with "se-kae" for several weeks, and she had no trouble while she took it and really gained in flesh. She was so much better, went home where she went upon ordinary diet again, was seized with vomiting almost at once and hurried to the government hospital where they did an exploratory operation only to find she had cancer of the pancreas! This explained why she was nourished by the "Sekae," which is really pre-digested rice—made with a barley ferment—though she had no pancreatic juice, she could take care of it when she couldn't take care of anything else.

Another favorite for hyperpepsia, indigestion, or "morning sickness" is browned rice—it might be called Korean toast: it is really a dextrinized cereal made in the bottom of the rice kettle by the intense heat when boiling the rice, and may be scraped off in large thin

slices, salted a bit and dried, and is very readily digested. Soongyoong, a pleasant weak cereal drink, is made by throwing cold water on this dextrinized rice stuck to the bottom of the kettle and bringing it to a boil; it is dished out and set aside for the family drink through the day, cold in summer, or may be reheated in winter. And thus Koreans seldom drank anything but this boiled water in the old days before city water-works; they had no doubt learned from experience that the unboiled water was unsafe.

In cases of so-called "sprue", browned rice, Korean candy and "Se-kae" should be most excellent since the saliva and pancreatic juicesilly perform their work. As we don't seem to find "sprue" among adult Koreans their diet seems preventive.

Some of the Korean seaweed preparations are excellent, as "keem" and "twi-kak" broiled and served crisp and salty. Another sea-weed, "myok," is usually served in soup. It makes a light soup much used by the lying-in, and there is no objection to it. It is also used as "panchan" or side-dish like "keem." and "twi kak."

There are several good vegetable soups, "Duk-kuk" and "man-tu-kuk"—are good for those ready for a more substantial diet; and the Koreans certainly know how to make delicious chicken soup.

"Beside the salty bean sauce, there are side-dishes of eggs prepared in various ways; also mushrooms, shrimps, clams and other shell-fish or dried fish.

Bean curds served in various ways are tasty and nutritious and well deserve to take the place of meat.

At feast times, too, they make a raised bread, using sprouted barley for yeast, and steam instead of baking it; but the ordinary "duk" used at feasts is not to be commended except in soups.

Hospital Evangelism.

A. G. FLETCHER, M. D.

The subject assigned me for this medical conference is "Evangelism."

Perhaps the hospital offers a better opportunity for "purely evangelistic work" than any other form of Christian endeavor on the mission field. One of the first advantages that the hospital has over the other branches of mission work is that it touches intimately large masses of people, who frequently come from long distances. These patients come from hundreds of villages, some of which are located in the most isolated places where the Gospel message has never reached. Our patients not only come in great numbers, and from a wide range of territory, but they hear the Christian message oftentimes under the most desirable conditions. Especially, as they convalesce from their diseases, are they in a favorable frame of mind for understanding and receiving the Gospel.

Hence in the discussion of this question it is only necessary to consider the methods by which the work of the medical man will best aid in the evangelization of the people with whom he comes in contact. In general it may be said that the exacting work of the physician calls for such close attention to his medical efforts that a great expenditure of time in evangelistic work becomes an impossibility. And while the hospital exists for the purpose of demonstrating practical Christianity, and as an evangelizing center, it is neither necessary nor practical that the physician in charge neglect the medical work in order to keep up the evangelistic tone of the hospital. In fact, other things being equal, the success of our evangelistic efforts, humanly speaking, depends, primarily, upon the quality of our professional work. If we are able to cure the patient's physical ailment we need worry little about how the Gospel message is presented. As one of my patients who had been cured by a difficult operation aptly stated to the

Bible woman who stopped to talk with her on the daily round, "Preach to the other patients—Don't worry about me. The doctor's knife was the sermon I needed. Of course I have become a Christian and will continue to believe on Jesus until I die." There is no pulpit so influential as a hospital ward, and no pew so receptive as a hospital bed. In the past, a medical mission was looked upon as a means to an end. Now it is an end in itself and content only when winning men to Christ by the power of the Gospel. However, in my opinion, as I intimated before, the main work of the doctor is not to preach. In fact some of us cannot preach, but we can all exercise a wonderful spiritual influence by our life and example. We have golden opportunities to manifest loving acts of Christian sympathy and service that many of our so-called evangelistic brethren might well be envious of. I believe the main evangelistic work of the doctor is to help create a proper spiritual atmosphere in the hospital. Needless to say this will necessitate the giving of time and attention to the means of growth and development in grace in his own life viz. time for prayer, study of the Word and meditation. To create and maintain a proper evangelistic spirit in the hearts and minds of the staff is of prime importance but difficult of accomplishment. Needless to say, whenever possible we should select as assistants, men and women of deep Christian experience in their own lives. It has always been our aim in the Taiku hospital to employ as evangelists and Bible women those capable of assuming the responsibility of spiritual leadership among the staff. To this end we have for some time had as our evangelist an ordained pastor and as Bible woman a graduate of the Bible institute.

Annually, at the time of the Korean New Year holidays, when our medical work is slack, we have a series of special evangelistic

meetings for the staff. A missionary or Korean pastor is invited to lead us and we have special time for Bible study during the day and preaching at night. However, recently we have found that one of the very best methods of promoting the proper evangelistic spirit in the staff is to have them organize into a preaching society. I will speak again of this later in connection with work for ex-patients.

We now come to the third phase of our subject—the patients. They may be divided into three classes—out-patients, in-patients, and ex-patients. These three classes represent three distinct phases of our medico-evangelistic work. Work for the out-patients means the scattering of seed in the waiting-room of the dispensary. Work for the in-patients means the Word preached in the wards and personal work by the bedside. Work for ex-patients consists of follow-up work in the homes and villages to which the patients return. To do the evangelistic work of the hospital properly these three phases must receive individual attention.

Work for out-patients. Men and women coming for the first time, hear the Gospel in their own tongue from an earnest Korean Christian, the evangelist, or Bible woman. We do not believe it fair to the patients or profitable to the hospital to compel them to listen for half an hour to a Gospel service before they are permitted to see the physicians, so the preaching in our waiting-rooms is all done as personal work as the opportunity presents itself. Many people claim that although this meeting of out-patients, once each day, does reach enormous numbers in the aggregate, yet it makes little impression upon them, because their minds are filled with the thought of their diseases. This to a certain extent is true of those who come for the first time, but, even if they go away and never return, they have at least once listened to the Gospel story, and with these the result has to be left with God. But, as our hospital figures will show, a large number of these out-

patients return a second and a third time, and often many times to the dispensary clinic, and always the evangelists are ready to talk with them while they wait their turn to see the doctor. Here, too, they are urged to purchase Gospels and other Christian literature. After the preaching in the waiting-rooms, these patients are shown back to the clinic rooms where the foreign and Korean doctors and their assistants see them. If the members of the staff are absorbed by a longing to have them understand and accept Christianity, the kind treatment these out-patients receive will surely impress them, and will help them to remember the words of the evangelist.

We come now to that much more important group, the in-patients, who present a much greater field for medical evangelism. They are divided into two classes, the ward patients, and the private room patients. These in-patients, on their admission to the hospital, are anxious concerning the healing of their bodies and generally indifferent to the claims of the Gospel. But after their operations, and as they begin to convalesce, they receive the Gospel message from many angles. During the dressing of their wounds or at ward rounds, they are shown kindness and the love of Christ made manifest in acts of sympathy and service such as many of them have never known before. Each day at eight-thirty prayer services are held in the wards and personal work done in the private rooms. Christian literature is sold or sometimes given to the patients. They are often taught how to sing a hymn or two and to lead in prayer. If we but only fully realized it, there is daily in our wards one of the finest congregations a missionary could ever hope for—people from all parts of the district, many of whom are new to the Gospel; people with plenty of leisure to listen, and free from distraction; and lastly, people who have already begun to respond to the kindness they have been receiving. If every member of the staff carries daily upon his heart the burden of winning these patients for Christ, and in his attitude towards them

constantly manifests the love of Christ, conversions in our hospitals will occur daily.

Work for ex-patients. The third phase of our medico-evangelistic work, that for ex-patients, although the most important and productive of the greatest results, is the one most often neglected. In fact the word "ex-patient" is really a misnomer as used in this paper. We medical men fall far short if we content ourselves with simply winning the goodwill and opening the minds of our patients to the Gospel. We must definitely seek to win them to Christ. Therefore our responsibility for them should not cease simply because they are physically able to leave the hospital and return to their homes. In the truest sense they are still our patients and, if not within our hospitals, they ought to be within our hearts, and we should continue to work for them until they are brought within the church. When then can a patient truly be designated as an ex-patient and the hospital's responsibility to him cease? When he is safely within and a member of the church. How shall we accomplish this result? In the Taiku hospital our plan is as follows:—The staff is organized into a preaching society. Each member makes a monthly contribution which goes toward the support of an additional evangelist and Bible women. We thus are able to employ an evangelist and Bible women to travel in the country in addition to the two we have always employed to preach in the hospital. However, their services alternate, those working in the hospital this month go to the country next month and vice versa. Our evangelist and Bible woman see the patients as they come into the hospital. They watch them as they progress in their treatment, become friendly with them and preach to them as they convalesce. In this way the patients not only come to know them, but gradually associate them very closely in their minds with the physical benefits they are receiving. As the patients prepare to leave the hospital the evangelist and Bible woman make a careful record of his or her name and

address, age, sex, occupation, attitude toward Christianity, how far home is from the nearest church, the size of the village in which he or she lives, and whether this village is a desirable location for a church. In addition to this record, on the hospital medical blank we have a space which is filled in when the patient enters, which shows whether he is a Christian or not, and another space which is filled in by the evangelist or Bible woman when the patient leaves, showing whether he has become a Christian or not while in the hospital. The doctor, because of this information, knows how to admonish the patient when bidding him farewell.

When the patient leaves the hospital we try to have him brought into touch with the native church in his district, or to have the foreign missionary visit him on the next itinerating tour. To this end each month the hospital evangelist and Bible woman make a report to the evangelistic committee of the station. They give the information mentioned above regarding each patient that has decided to become a Christian. We do not rely upon this method, however, and the hospital tries to keep in touch with the patients who have gone out by means of the post. We have return postal cards printed on which we ask questions regarding both their physical condition and spiritual welfare. In addition to these postals the evangelist and Bible woman try to maintain friendship by writing personal letters to the patients. Among the hospital converts they thus select those who live three miles or more from an established church and in a sufficiently large village to produce a church clientele, and then write asking the patient if he will co-operate in helping the evangelist and Bible woman to preach in his village. If the patient is willing and glad to co-operate, the evangelist and Bible woman go to his village and reside there one month. Within this time, using the patient as a lever, they are practically always able to pry open the heathen doors of the village and win sufficient converts with which to establish a new group or church.

In following up our patients after they leave the hospital, however, there is a big gulf between the postal method of return cards, personal letters, etc., and the one month intensive preaching method. Into this wide gulf too many patients fall—lose their Christianity and are lost sight of. To make our system more complete, and to try to prevent this leakage in evangelistic results, our hospital preaching society is now planning to direct the itineraries of colporteurs who will go out to sell books as usual, but to representatives of the hospital. Given the names, addresses and other information regarding our patients, who also are informed in advance of the colporteur's intended visit, they set forth to visit and encourage our patients and to use them as help-mates in the selling of Christian literature in their heathen home villages. In this way we believe the colporteur will sell even more books than otherwise and help to keep us in direct touch with the majority of our patients. They will also enable us better to know the real condition of our patients, physical and spiritual, and advise us as to the most strategic places to choose for our evangelist and Bible women to establish churches.

The monthly meetings of the preaching so-

ciety are always very interesting as our evangelist and Bible woman from the country make their reports. There is always the incentive to have as good a report as possible, due to the fact that the twenty-five members of the staff have been praying for them during their absence and are waiting eagerly to welcome them home and hear of their success. The evangelist and Bible woman who have been working in the hospital ask approval of the society to go to a certain place in the country to preach the following month. In making this request they produce information regarding our patient living at this place and the suitability of the place for the erection of a church. Naturally they will work their hardest in order to bring home as good or a better report than their fellow workers brought the previous month.

Not only does this system bring forth the best efforts possible on the part of the evangelist and Bible woman, but, what is even more desirable, it tends to make each member of the staff assume a personal interest in each patient, for we never can tell in advance which patient will become the convert that we desire to use next month as our lever in prying open some heathen village.

Health Efficiency.

R. K. SMITH, M. D.

The Boards at home are giving more careful attention to the physical qualifications of those they send to the field. Are we on the field doing our utmost to co-operate and maintain health and physical efficiency at the highest point?

The need for Medical Secretaries is being realised at home and for three years Dr. Vaughan has been enthusiastically organising his department as Medical Secretary of the Methodist Board. More recently, Dr. Dodd has undertaken a similar work for the Presbyterian Board, U. S. A. In an effort to co-operate, we of the Presbyterian Mission on the

field have undertaken the annual physical examination of all missionaries and children. Blanks have been printed and distributed among the physicians which provide for a careful and detailed examination, paying special attention to those things which our experience has taught us constitute the points of least resistance in matters of health. The intangible things are, naturally, the hardest to observe and interpret. The health officer needs to be a psychologist as well as a physician. Korea has in recent years been having an increasing number of nervous breakdowns, a condition which is not peculiar to this country

alone. Dr. Dodd writes, "We all know that nervous and mental conditions are on the increase at home. It is natural to expect that the cross section of American people on the field should reflect this condition. Our experience also shows that the stress and strain of the missionary environment and work tend to aggravate weaknesses of this character, and we must be alert for these disqualifications fully as much as for the more tangible deficiencies." In an effort toward early perception of any beginning breaks we are including in our examinations the Schneider physical efficiency tests used for the aviators during the world war. With the recent shortening of service terms by our Board, and furlough readjustments, we should be able to maintain our health and physical efficiency at higher levels.

To this end full co-operation by the missionary body is necessary. We have all been shocked by the casualties and fatalities in our midst from dysentery, but are we always careful (especially during the warm weather) to eat only cooked fruits and vegetables or those which have been adequately disinfected with chloride of lime, or come from an unquestionably uncontaminated source of supply? Do we always regard the presence of a fly at the dinner table as more immediately dangerous than the red flag of a Bolshevik? In adapting

the Oriental food products to our dietary have we always been careful to maintain the proper balance between the necessary food elements? Do we take the regular physical exercise necessary to maintain a health resistant to the encroachments of disease? Do we always co-operate with our medical officer by reporting early the beginnings of our lapses from perfect health? The doctors, with all their loads, are anxious to do their utmost to maintain the health efficiency of the missionary body. We appreciate the spirit of co-operation manifested by our fellow missionaries and bespeak their interest in all the efforts for their welfare which tend toward longevity of service.

The stress and strain of our life in recent years, with the increasing complexity of mission organization, and the changing character of the times, have had much to do with the tension which has proven too great for some of us. Realising that we are living in times of transition, nothing can stand us in better stead than a firm, hopeful, unchangeable faith in God; nothing serve better to keep us on the high place of efficiency for service than a calm, confident, repentant trust in and communion with our all powerful and ever present Heavenly Father, following His guidance day by day.

"Go Tell John."

The American Presbyterian Hospital of Tai-ku has had the most prosperous year in its history. After being closed for nearly three years, we have passed the first full year of work since reopening with a staff of two Korean graduate physicians. The lack of a foreign nurse has had to be inadequately supplied by two graduates of the Nurses' Training School of Severance.

During the year there have been 548 patients treated in the wards, a total of 7,420 hospital days. There have been 17,364 patients in the dispensary and the native receipts have been over Yen 21,000.00, covering seven-eighths of the expenditures.

The 175 lepers cared for in the leprosarium under the support of the Mission to Lepers, are an inspiration to any visitor who realises the outcast position of those on the outside. The need for speedy enlargement of the institution is imperative.

As the chief reason for the existence of a mission hospital is that it may help to advance

the kingdom of Christ, two evangelists and one Bible woman have been kept busy all the time. The evangelists alternate a month about in going to the country to follow up patients with whom they have become acquainted in the hospital. The salary of the man in the country is paid by the Hospital Preaching Society, organised among the hospital staff, and he reports on the results of his work at the regular monthly meeting of the society. As a result of this work there have been 7 new church groups organised this year with a membership of 184. There have been 322 professed conversions in the wards and dispensary.

And thus we feel authorised to "Go * * * * tell John" the things done here in His name; — "the blind see, the lame walk, the lepers are cleansed, the deaf hear, the dead are raised, to the poor the Gospel is preached."

A. G. FLETCHER, M. D.

R. K. SMITH, M. D.

Union Work in the Hall Memorial Union Hospital, Pyeng Yang.

J. D. BIGGER, M. D.

The union medical work in Pyengyang has been in existence for a year and a half and nothing has occurred that would indicate that this arrangement was a mistake. In fact the outstanding feature of the year's work has been the perfect harmony and co-operation among the entire staff and employees and the Board of Control. The hospital reports show that more patients have been seen, and a larger work accomplished, than in any previous year in the history of the institution.

The Motto for a union work should be "the two bears, Bear and Forbear." If the spirit of this phrase is followed, union is bound to be a success.

The division of work between the doctors was easily made both in administration and in medical lines. During the absence of one his work is carried on by the other; also frequent consultations are held over difficult and unusual cases.

The constitution provides for the yearly election of officers and also for the financial support. The ideal in a union is an equal division of expenses and is so provided in our plan of operation. For the present this is not practicable and each mission is putting in all that is available. This gives the hospital a much larger income than if each mission were separate. It also gives a larger staff without extra cost.

For the size of the hospital there is a fairly complete and competent staff. The employees in the dispensary are all Koreans. (A special

ticket gives access to an American doctor.) There are two doctors, one graduate nurse, two orderlies, two druggists and a cashier.

For the hospital there two American doctors, two American nurses, one graduate interne, two graduate Korea nurses and nine pupil nurses, one book-keeper, two orderlies, two cooks, three laundresses, and an outside man.

In 1921 there were 21,548 cases treated and 262 inpatients. The in-patient work was seriously handicapped during six months when the hospital was limited to ten beds due to the inability to conform to the new Gov't regulations

The total expenses were ¥33,138.41 and the total receipts were ¥33,237.85 Bal.99.44. This balance does not mean that we had all the money that was needed, for many things were gone without that there might not be a deficit.

The percentage of charity work has been very great and yet we have not been able to meet all the demands in that line because of limited resources. However we feel that our special mission is to the poor and wish to help them all that is possible. The Korean Church ought to begin to assume of this responsibility and the subject should be presented at their conferences whenever possible.

We are thankful for the good showing of the first year of the Hall Memorial Union Hospital and feel that God has blessed our efforts and that many have been led to accept Him through the influence of deeds of mercy and the teaching of His Word.



X-Ray Service in Korea.

C. C. HOPKIRK M. D.

The X-Ray has become nearly indispensable in modern medical practice. In the good old days when ignorance was bliss, many were the fractures which passed by the surgeon unrecognized and many a physician slept peacefully in the belief that he had reduced a fracture properly when he had not actually corrected the deformity one bit. Also in those days an unscrupulous doctor often was able to get away with a good fat fee for treating a fracture when there was no fracture at all.

However, times have changed, and the X-Ray has proven such a pitiless censor that it is better for a physician not to attempt bone surgery unless he can do it well. The X-Ray has no sense of professional courtesy at all and bares ones mistakes at the most inopportune moments.

In trying to bring to Korea the blessings of modern medical knowledge and practise, we have sought to instal first class X-Ray equipment. The new machine at Severance represents the culmination of over twenty years' hard work and experimentation in trying to perfect X-Ray apparatus, and it is a machine of which we are justly proud. Other good machines may be found in hospitals in various parts of Korea.

A survey of the hospitals of this country elicits the fact that less than half of the missionary hospitals have X-Ray equipment. This is usually not the fault of the physician in

charge, as I believe that all of our missionary physicians would like to have a machine. The apparatus is expensive and some preliminary training is necessary to successfully operate such a machine. This training Severance is eager to give and is ready to assist also in the selection and installation of a machine best suited to the needs of the individual institution.

We have installed such equipment in Songdo, Kwangju and Kunsan, and have advised missionary physicians from other hospitals concerning the selection of apparatus to be purchased later when funds are available.

If the Boards at home sent out a circular to the churches in America requesting the gift of X-Ray apparatus, I am sure that much equipment would be donated, as there is a surplus of used equipment on the home market, much of which is very valuable even though not of the very latest pattern and entirely new. To illustrate, one of the machines doing excellent service in Korea is of a type now obsolete in America, and which could not be sold except for junk. The keen competition among X-ray manufacturers, and their efforts to replace other equipment with machines of their own manufacture, has created a market in which a machine a few years old is of very little market value, even though as good in most respects, as the latest type of machine. The situation is similar to that in the automotive industry.



X-Ray for the Country Hospital.

With the use of small light plant for supplying the current.

J. B. PATTERSON, M. D.

At Kunsan we use a 3K. W. Delco engine-dynamo. We have had the average assortment of breakdowns and mismanagements. These included the faulty installation, short circuits on the switch board, ruining first one part and then another. Then there was the breakdown that was caused by the neglect of carefully placing the cotter pin in place when the engine was being overhauled and cleaned. That called for a new shaft, connecting-rod and piston assembly. These were not in stock in the East. In fact more than a year has passed and the engine is not reassembled. A new engine at a cost of ₩ 2,500.00 was secured after months of delay. Then the batteries have begun to play out and new ones are necessary with all the expense that this calls for. If I were not busy I know I could remember many more interesting facts of the same kind, but enough has been said to let the reader infer that a Delco is not fool-proof and the service is not ideal in Korea.

But it is more than worth while to be able to take a picture of a shoulder or hip or leg or tooth. I suppose I would scrap another

outfit and buy again if necessary to keep this necessary part of the hospital plant going. Where current can be had from a city power-plant the problem is largely solved. The learning the use of the X-Ray is simple enough for any of us to tackle and the benefit to the work is so great that I would not consider doing without it again.

There is another item that should not go unmentioned. That is, that taking a good or a fairly good picture is not all that is necessary. Reading of the plate requires more experience than the taking of the plate. But we can send the plate or film to Dr. Hopkirk at Severance Hospital for consultation where we could not send the patient.

And since I have mentioned his name it has dawned upon me that I wrote with most too much confidence about the use of the X-Ray. If it had not been for the advice and help of Dr. Hopkirk I would not now enjoy the use of it as I do. And I think there are others in the same fix. I infer from this, too, that another doctor in trouble would be able to get this same willing and efficient help.

The Obstetrical Conditions in Korea.

J. W. HIRST, M. D.

In connection with the obstetrical department of Severance Hospital a detailed report was made recently of 57 cases of vesico-vaginal fistula. The great majority of them could have been prevented by ordinarily enlightened care at childbirth. Another series of 13 cases of heroic malpractice treatment to relieve cases of complete prolapse of the womb, among which there were 41 cases where the maltreatment resulted in closing, in part or in whole, the vaginal outlet is reported. The harrowing details of this method of malpractice would not be fit to print in this journal.

At the present writing we have in the hospital three cases of eclampsia (convulsions during pregnancy or labor) all of which could possibly have been avoided, had those patients been able to secure medical advice and care during their gestation period. One of these, following successful delivery, had a period of violent delirium, but is recovering nicely. The worst case we have in hand at present is a woman who came a hundred and fifty miles ten days after she had suffered the most awful

malpractice at the hands of her husband and an incompetent native doctor, which resulted in a rupture of the womb with escape of the dead foetus into the abdominal cavity, where it was undergoing rapid decomposition. We were able to deliver the remains and the woman is living and bids fair to recover. What marvels a woman can undergo and still live! Most of the first series, and probably all of the second, developed because of the dearth of doctors in this country. What shall we say about foreign trained doctors? The very first licenses of this type graduated from Severance Union Medical School in 1908. Up to the present time our total list of graduates is only 113, while the number graduated from the Government school to date is 428. But what can so few men do among a population of 16,000,000? Do you wonder that we are placing the greatest emphasis on that phase of our work which promises the most speedy relief of this awful poverty of medical practitioners, as the best way to secure relief for these desperately suffering mothers in Korea?

What are the Graduates of the Severance Medical College Doing?

This is a question often asked. The following statement is the closest answer we can give:

In 1908 seven men graduated:

Hong Chong Eun entered private practice and died early.

Kim Pil Soon remained in the Severance Institution as a teacher and physician 4 years and then went to Manchuria where he carried a private hospital and served as a Chinese army surgeon until his death in 1919.

Hong Sook Hoo has stayed with Severance ever since his graduation and has for years carried the departments of Eye and Ear, Nose and Throat. He is now in America taking post-graduate course in New York in these specialities, after which he will return to Severance. He is an active elder in a Presbyterian church in Seoul.

Pak Suh Yung remained in Severance as teacher of chemistry and assistant surgeon until the year 1918, when he went to Manchuria and opened a private hospital. There he was a leader in church work and also acted as principal of a school.

Kim Hui Yung was assistant is the mission hospital at Wonsan for many years and later on was in charge of the mines hospital at Chiksan where he treated the American superintendent and others as well as the Korean miners. He took an active part in the local church work, but contracted tuberculosis from which he died in 1920.

Shin Chang Hui is conducting a successful private hospital in Antung, Manchuria.

Chu Hyung Chik conducted a successful hospital in Syen Chun for many years and is at present in China.

The second class which graduated in 1911 consisted of six, of whom one died of tuberculosis, soon after the graduation, three are in private practice in Korea—all active in church work—one is in a mission hospital in China and

one is assistant superintendent of Severance Hospital.

The third class, 1913, had five members, one of whom has a hospital in Vladivostock and is prominent in church work, one is in private practice in Korea and in active Christian work, one is employed in a Japanese government hospital in Korea, one is assistant professor in surgery at Severance Union Medical College and a surgeon of fine reputation. He is an elder in the South Gate Presbyterian Church. One man's whereabouts are unknown to us.

Of the fifteen graduates of 1914, one is assistant professor of obstetrics and gynecology at Severance and a Sunday School superintendent; one, after eight years of private practice, is now studying for the ministry, one is in a mission hospital at Kunsan; one is in America doing post-graduate study in medicine; and the rest are in private practice; all are in Korea, except one who is in America.

Seven graduated in 1915, all of whom are in private practice, three in China and four in Korea.

Of the thirteen members of the class in 1916, one is taking a post-graduate study in the United States, expecting to come to Severance later on. The intervening six years he spent partly in private practice and partly in a mission hospital. He was very successful and very active in the church. Two are in mission hospitals and the rest are in private practice in Korea, except that three are in China and one in Siberia.

Eight graduated in 1917, two of whom are assistants in Severance, four in private practice in Korea and two in China, one of them a medical missionary from the Korean church to the Chinese.

In 1918 ten graduated of whom three are in mission hospitals, two are acting police doc-

tors, four are in private practice in Korea and one is in China.

In 1919 there were eleven graduates, of whom three are valued assistants in Severance, one is a highly thought of interne in the Peking Union Medical College Hospital (Rockefeller), one is a senior surgical assistant in the same hospital (to come to Severance in July of this year), and the others are in private practice, two in Siberia and the rest in Korea.

Eight graduated in 1920, of whom three are doing good work in Severance, one is in the Taiku mission hospital, and four are in private practice in Korea.

1921 produced fifteen, six of whom have finished internship in Severance and are just starting on a second year here, four are in mission hospitals, one is an intern in the Rockefeller Hospital in Peking, two are in private practice in Korea, and two are in Seoul.

This year, 1922, saw eight graduates, six of whom have entered as interns in Severance, one is in a mission hospital and one is in private practice.

Summary.

24 are in Severance

12	" "	other mission hospitals in Korea
2	" "	mission hospitals in China
38	" "	private practice in Korea
15	" "	" " outside of Korea
3	" "	government employ
3	" "	America doing post-graduate work
3	" "	Rockefeller Hospital, Peking as interne
1	" "	is studying for the ministry
7	" "	are not now in medical work or unknown
5	" "	dead.

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STATISTIC OF KUNSAN HOSPITAL

Physicians	3 (two of them have no license)
Helpers	34
Evangelists, 2	
Hospital cases admitted	1700.
Total days treatments	24990.
Overage in hospital	147.
Operations, local anesthetic	75.
Intravenous 606, 1000.	
General anesthetic	375.
Dispensary, new cases	4230.
Return cases	10816.
Total cases	15046.
Total treatments, hosp. & disp.	39936.
Receipts from Patients,	
Hospital.	¥ 11942.87.
Dispensary,	38745.93.
Total receipts.	¥ 49,688.81.

Korean Graduate Nurses.

ESTHER L. SHIELDS.

This will not be an exhaustive paper, or a complete history or directory of Nursing and Nurses in Korea, but a few words about some of the Korean young women who have been pioneers in the nursing profession and whose courage and patience and persistence have been the most vital elements in establishing nurses' training schools here. Coming out from their secluded home life or girls' schools, whether they were young unmarried women who preferred to seriously enter this vocation in order to be most helpful and to lead busy, interesting lives; or widows who needed occupation and to earn their own way; from among all the applicants were found some who pursued their way through many months and many vicissitudes, before they received their diplomas, in the meantime doing a great

deal of fine helpful work for the sick and suffering and getting their theory and practice through co-operation with a goodly number of instructors and patients.

Our first graduate from Severance June 10, 1910 was Miss B. C. Kim, a very fine nurse, now in Fusan. Of the three who received their diplomas in the second class, Kim Sin Sung and Cho Won Sook went to Manchuria after some years of satisfactory hospital service in Korea. Pak Yun Sin was sent to the Southern Presbyterian Hospital at Chunju where she spent several years busily and happily; later she went to Hawaii and married. An Kyung Hai and O Hyun Sook graduating June 15th, 1912, both very practical and helpful nurses, have died. O Kan Ho Won was in 1918 at Soo Won, and the word about An

Kan Ho Won has been indefinite—first the word of her death, then a contradiction that she had gone to China. She had been in Seoul in 1919 when I saw her, but during a long illness of my own I failed to keep in further touch—many of us have reason to remember the faithful care and skill and devotion of which we personally have been the recipients by many of our graduates and pupils. The spirit in which the work has usually been done is fine. Naturally some are more adept in certain lines than others. Cheung To Un, with Hong Dora, Kim Kwan Chul and Su Pil Sun, graduated December 1st, 1914. Most of our graduates have received the government license, and several have taken the midwifery course as given in the Government Hospital. In the 1915 Class of four, Chang Sung Moo gave several years of acceptable service in the English Hospital at Chinchun; E. Ai See did graduate work in Severance and now is doing evangelistic work in the Masan District; Yum Tai Sin was at Pukchin under the direction of the doctor at the American Mines, and Kim Pong Sun is at Kangkei.

Of the 7th Class, 1917, the three members are scattered: Tak Myung Sook in China, Lee Yun Sin at her home and Hong Soon Wha

married. All these did graduate work in various hospitals. The graduates now at work in Severance Hospital are Kim Yung Sil, Kim Tuk Sin, Cho Eun Sil, Su Soo Sin, Ham Myung Sook (of Severance), Han Yung Sun from East-Gate Hospital, and Mo Sa Kah from Soo Won. Thirty-nine pupils have graduated from Severance between 1910 and 1921. Two went to Japan to study medicine—Kim Eun Do and Pai Eun Kyung. The latter, I hear, has returned to Taiku. During the last cholera siege in Seoul, Dr. Oh called for volunteers to help in the nursing. The two who responded were Oh Wha Yung and Chang Eui Sook who did valiant duty for the month they were needed. When they were each offered a large financial reward, they refused to take more than an ordinary salary, and asked that the balance should be used for something that would help others. Our "ambulance" represents what their gift helped to buy.

Lee Hyo Kyung has had hospital experience from Kunan to Puk Kan Do where she is now assisting in the hospital work in charge of Dr. and Mrs. Martin and Miss Whitelaw. Koh Chung Sook is married, but is able to work with Miss Kestler in Chunju. Lee Sung Hyo and Lee Yo An are at Taiku in the Mission Hospital.

Extracts from Report of Severance Union Medical College and Nurses' Training School.

It has been a record year for the following reasons:—

1. The New Government Educational Regulations remove all restrictions from religious teaching and give us an opportunity to raise the standards by one to three years.

2. Dispensary treatments increased by 31 $\frac{1}{8}$ % from 54,311 the year before to 65,994, an increase of 11,683.

3. Although hospital admissions fell five short of the preceding year, it was equal to an increase, because it was brought about by purposely lessening the number of free cases to enable us to accept a larger proportion of pay cases. The number of admissions was 1814

against 1819 the year before.

4. The receipts from all departments increased so that we took in from the dispensary ₩ 43,384.63 as against ₩ 38,225.98 the year before and ₩ 29,064.47 from the Hospital as against ₩ 28,346.80.

5. In spite of Dr. Ludlow's absence in America, there was an increase in the amount of work done in his department though left entirely to his Korean assistants; although Dr. Hirst, for reasons of personal and family sickness, had to be free from his departmental work, his Korean assistant proved himself able to maintain the efficiency of the work; though Dr. Hong left his department

in charge of a comparatively young man, the satisfaction given was shown by the large increase in the number of cases treated; though Dr. Van Buskirk went to America on furlough, leaving the work of dean for the first time in the hands of a Korean, the discipline maintained, the advancement of plans and the adjustment of the teaching schedules and the difficult negotiations made necessary in the changes in the educational regulations have all been efficiently carried on by Dr. Oh; all showing we are justified in more and more transferring responsibility for direction of the work to the shoulders of those whom we have regarded as assistants, and that from now on they will become to a much greater extent our colleagues.

6. For the first time in the history of the two colleges, it has been possible for us to begin that co-operation between the faculties that we have looked forward to. This year our students are taking their chemistry, physics and biology at the Chosen Christian College, and the Japanese gentleman who is professor of Japanese language and adviser to the president in negotiations with the Government in connection with the Chosen Christian College, acts in similar capacities for the Severance Union Medical College, while the Severance staff hopes to give assistance in some ways to the Chosen Christian College.

7. For the first time in the history of the school anatomy has been taught with a near approach to satisfaction by practical methods, such as modelling of bones from clay by the students, making of drawings and dissection-work done thoroughly under close supervision.

8. A first-class expert in X-Ray equipped with a first-class equipment has produced first-class radiographs and utilized them in teaching as well as assisting in the diagnosis of obscure cases, while X-Ray and other kinds of electrotherapy have been made thorough use of.

9. The arrival of a second American dentist and the instalment of new equipment, has

made that department of nation-wide service, and the development of the Korean clinic a possibility.

10. The hospital has benefited (a) by the appointment of Dr. Mansfield as hospital superintendent to plan for more efficient methods and better training of its internes, and (b) by the instalment of a fine steam sterilizing plant and disinfectors.

11. The re-assignment of Dr. McLaren to the department of neurology and psychiatry.

12. The sending of Dr. Hong to America for post-graduate work.

13. The purchase of one and a half acres of land adjoining the hospital property which we had wanted for several years.

The Nursing School, after suffering from the results of the political disturbances of the past three years, has begun to recover so that there is promise of a sufficient supply of pupils to ensure the proper care of the patients.

Seven graduated nurses on the staff marked advance, however, in efficient nursing and in our ability to teach and train the pupil nurses.

The religious work has been carried on continuously, though the push of the rapidly increasing number of patients has made it more difficult to give that degree of leisurely contact which makes for efficient evangelism. Two religious workers are to be added to the staff as soon as suitable persons can be found, and we hope this will enable us to keep up with the opportunity better.

FINANCIAL STATEMENT, GENERAL SUMMARY.

	Expenditure	Income
Field Donations	----	2,583.45
Special Donations	----	61,414.84
Board and Mission Appropriations	----	92,578.81
Administration	17,376.99	2,316.54
Dispensary and Foreign Practice	36,568.90	43,384.64
Pharmacy	10,080.03	3,129.83
Hospital	48,355.22	29,020.97
Nurses' Training School	6,659.06	19.30
Equipment	28,665.41	
Expenditure on Site and		
Employees Houses	40,515.31	
Teaching Department	42,689.67	2,796.40
Manufacturing Department		502.46
Sales Department Surplus		1,337.26
Optical Department Surplus		467.38
Dental Department Deficit	5,027.79	
	235,938.88	239,451.87
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